

3/06/08 1:48:07  
BK 579 PG 738  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

3/03/08 2:06:46  
BK 579 PG 497  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

JANICE M. SHARKEY, ADMINISTRATRIX  
Of the Estate of MARSHALL C. SHARKEY, JR., DECEASED,

GRANTOR

TO

ADMINISTRATRIX DEED

MARSHALL C. SHARKEY, III, and JAMIE M. SHARKEY,

GRANTEES

FOR AND IN CONSIDERATION of my duties as Administratrix of the Estate of MARSHALL C. SHARKEY, JR., under Cause Number 07-06-1216 in the Chancery Court of DeSoto County, Mississippi, I, JANICE M. SHARKEY, hereby transfer, convey, and quitclaim unto the heirs-at-law of the decedent, MARSHALL C. SHARKEY, III, and JAMIE M. SHARKEY, his children, as tenants in common, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 83, Section B, Lexington Crossing Subdivision, located in Section 2, Township 2 South, Range 6 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 78, Page 32, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. This conveyance is subject to any prior conveyance or reservation of minerals of every kind and character however no such reservation is made by Grantor herein however with this conveyance. Taxes for 2007 shall be paid by Grantee. Possession is to be given upon delivery of this Deed.

EXECUTED this the 27 day of February, 2008.

*Janice M. Sharkey, Administratrix*  
JANICE M. SHARKEY,  
ADMINISTRATRIX OF  
THE ESTATE OF  
MARSHALL C. SHARKEY, JR.,  
DECEASED

WAB

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STATE OF TN  
COUNTY OF Shelby

This day personally appeared before me, the undersigned authority in and for said County and State, the within named JANICE M. SHARKEY, ADMINISTRATRIX of the Estate of MARSHALL C. SHARKEY, JR., DECEASED, who acknowledged signing and delivering the above and foregoing Administratrix Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of Shelby County, Tennessee day of February, 2008.

My Commission Expires:

10/22/2008

GRANTOR'S ADDRESS:

5839 Hayden Cove, Olive Branch, MS 38654  
Home #: Same as Bus #: 901-413-7165  
Bus.

GRANTEE'S ADDRESS:

5839 Hayden Cove, Olive Branch, MS 38654  
Home #: 901-413-7165 Bus #: 901-413-7165

Prepared by:  
Walker, Brown & Brown, P. A.  
P. O. Box 276  
Hernando, MS 38632  
(662) 429-5277  
(901) 521-9292

3169mwb Sharkey Administratrix Deed

# STATE OF TENNESSEE Office of Vital Records

BK 579 PG 499  
BK 579 PG 740

**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

STATE FILE NUMBER: \_\_\_\_\_

1. DECEDENT'S NAME (First, Middle, Last) **Marshall Clarence Sharkey, Jr.**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **April 22, 2007**

4. SOCIAL SECURITY NUMBER **074-46-8148**

5. AGE (Years) **53**

6. DATE OF BIRTH (Month, Day, Year) **10/17/53**

7. BIRTHPLACE (City and State or Foreign Country) **Oswego, New York**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **No**

9. PLACE OF DEATH (Specify) **Memphis, Tennessee**

10. FACILITY NAME (If not institution, give street and number) **Methodist Central Hospital**

11. SURVIVING SPOUSE (If wife, give maiden name) **None**

12. DECEDENT'S USUAL OCCUPATION (Specify full or part-time, specify usual or holiday job. Do not use "retired") **Construction Services Manager**

13. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

14. COUNTY OF DEATH **Shelby**

15. RESIDENCE-STATE **Mississippi**

16. COUNTY **Desoto**

17. CITY, TOWN OR LOCATION **Olive Branch**

18. STREET AND NUMBER OR RURAL LOCATION **5839 Hayden Cove**

19. ZIP CODE **38654**

20. RACE (Specify) **White**

21. DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (9-12) College (1-4 or 5+)**

22. FATHER'S NAME (First, Middle, Last) **Marshall Clarence Sharkey, Sr.**

23. MOTHER'S NAME (First, Middle, Maiden Surname) **D. Esther Rogers**

24. INFORMANT'S NAME (Type/print) **Janice Sharkey**

25. RELATIONSHIP TO DECEDENT **Ex-Wife**

26. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5839 Hayden Cove Olive Branch, MS 38654**

27. METHOD OF DISPOSITION **Memphis Service Center**

28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Memphis, TN**

29. SIGNATURE OF FUNERAL DIRECTOR **Corey Hague**

30. LICENSE NUMBER OF FUNERAL DIRECTOR **5082**

31. SIGNATURE OF EMBALMER **Not Embalmed**

32. LICENSE NUMBER OF EMBALMER **N/A**

33. NAME AND ADDRESS OF FUNERAL HOME **Memphis Funeral Home - Poplar Chapel P. O. Box 17068, Memphis, TN 38187-0068**

34. LICENSE NUMBER OF FUNERAL HOME **416**

35. REGISTRAR'S SIGNATURE **Cassandra L. Brown**

36. DATE FILED (Month, Day, Year) **APR 26 2007**

37. SIGNATURE AND TITLE OF PHYSICIAN **Miguel A. Laboy, M.D.**

38. LICENSE NUMBER **41863**

39. DATE SIGNED (Month, Day, Year) **04/24/2007**

40. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time and place, and due to the cause(s) and manner as stated.

41. SIGNATURE AND TITLE OF MEDICAL EXAMINER **Miguel A. Laboy, M.D.**

42. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/print) **Miguel A. Laboy, M.D., 1060 Madison Avenue, Memphis, TN 38104; 2007-1005**

43. PART I: Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

44. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Pending**

45. DUE TO (OR AS A CONSEQUENCE OF):

46. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

47. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48. WAS AN AUTOPSY PERFORMED? **No**

49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **No**

50. MANNER OF DEATH

51. DATE OF INJURY (Month, Day, Year)

52. TIME OF INJURY

53. INJURY AT WORK? **No**

54. DESCRIBE HOW INJURY OCCURRED

55. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))

56. LOCATION (Street and Number or Rural Route Number, City or Town, State)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach  
STATE REGISTRAR

Cassandra L. Brown  
Local Registrar  
Shelby County

APR 26 2007

Date Issued

CERTIFICATION OF VITAL RECORD